MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08467

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cambridge
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ohio COUNTY Lucas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Toledo
STREET ADDRESS (If rural give location) 2305 Lagrange Street ✓

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) M. (Last) BARNHARD

4. DATE OF DEATH: (Month) AUGUST (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7-16-1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Dresher

14. MOTHER'S MAIDEN NAME: Anna Linden Kuth

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Carroll Snelling: Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Terminal Broncho Pneumonia — Interval Between Onset And Death: 18 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) arteriosclerotic Cardiovascular Renal disease with renal and — 1 year +

DUE TO (c) Hepatic insufficiency

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis Deformans, atrophic form — 40 years

19a. DATE OF OPERATION: 8-26-52

19b. MAJOR FINDINGS OF OPERATION arthrotomy R. Knee - Confirmed #11

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20, 1952, to 8-27, 1952, that I last saw the deceased alive on 8-27, 1952, and that death occurred at 10:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fredrick H. Woestmann ADDRESS Cambridge, Md. DATE SIGNED 8-28-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9/2/52. NAME OF CEMETERY OR CREMATORY Toledo Memorial LOCATION (City, town, or county) (State) Sylvania, Ohio

DATE REC'D BY LOCAL REGISTRAR Aug. 30, 1952 REGISTRAR'S SIGNATURE John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS Le Compte Funeral Service Cambridge, Md.

RECEIVED
SEP 2
BUREAU V.

08468

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

COUNTY Dorchester MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge

LENGTH OF STAY (in this place) life

HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 3

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Dorchester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge

STREET ADDRESS (If rural, give location) RFD # 3

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) ELIZABETH (Last) BELL

4. DATE OF DEATH: (Month) (Day) (Year) AUGUST 15 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9-7-1875

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Mowbray

14. MOTHER'S MAIDEN NAME: Mary Meyers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: not known

17. INFORMANT & ADDRESS: Mr. Luther Cresic: Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congestion Heart failure — INTERVAL BETWEEN ONSET AND DEATH: about 5 days

4500

DUE TO

Antecedent cause(s) (b) Arterio-sclerosis gen — ?

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death (1) Starvation (2) Tuberculosis, pal, chronic febroid — 1 mo years (?)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952, to Aug 14, 1952, that I last saw the deceased alive on Aug 14, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE James A. Thompson (DEGREE OR TITLE) M.D. ADDRESS Cambridge Md DATE SIGNED Aug 16, 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 8-17-1952

NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. Aug. 18, 1952

REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08469

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (In this place) since 11/4/40; HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Springs; STREET ADDRESS (If rural, give location) RURAL ✓

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Gerald (Last) Bradley

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2/26/1914

9. AGE last birthday: 38 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Penn Bradley

14. MOTHER'S MAIDEN NAME: Lora Horseman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Gastro-enteritis	2 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
571.1	(c) Paralysis Agitans	23 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis with Parkinson's Syndrome	16 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1951, to 8/10, 1952, that I last saw the deceased alive on 8/10, 1952, and that death occurred at 9:02 P. m., from the causes and on the date stated above.

SIGNATURE: Robert H. Reddick (Degree or title) M.D. ADDRESS: State Hospital, Cambridge, Maryland DATE SIGNED: 8/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Aug 12, 1952 NAME OF CEMETERY OR CREMATORY: Mardela LOCATION (City, town, or county): Mardela, (State) Md.

DATE REC'D BY LOCAL REG.: Aug. 12, 1952 REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR: Paul J. Smith, Sharptown, Md. ADDRESS

RECEIVED
AUG 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08470

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) Race Street

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) MAY (Last) BUSH

4. DATE OF DEATH: (Month) AUGUST (Day) 18 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 29, 1882

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. A. Hubbard

14. MOTHER'S MAIDEN NAME: Mary T. Hubbard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: John Bush, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Heart disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertensive Cardio Vascular disease

420 (c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pleural effusion at. chest, Chronic Hypertrophic arthritis

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8-1952 to 8-18-1952, that I last saw the deceased alive on 8-18-1952, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE Albert Bruce — (Degree or title) M.D. — ADDRESS 9 Race St, Cambridge-Maryland — DATE SIGNED 8/21/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8-21-1952 — NAME OF CEMETERY OR CREMATORY East New Market Cemetery — LOCATION (City, town, or county) East New Market, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Aug. 23, 1952 — REGISTRAR'S SIGNATURE John Mace, Jr., M.D.

24. FUNERAL DIRECTOR — ADDRESS LeCompte Funeral Service, Cambridge, Maryland

RECEIVED
AUG 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08471

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 111 Belvedere Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 111 Belvedere Ave.,

3. NAME OF DECEASED: (First) Ernest (Middle) Lyston (Last) Dashiell

4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4/7/80

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ret. service mgr

10b. KIND OF BUSINESS OR INDUSTRY: telephone co.

11. BIRTHPLACE (State or foreign country): Allen, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles T. Dashiell

14. MOTHER'S MAIDEN NAME: Nettie Peetham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212 10 0442

17. INFORMANT & ADDRESS: Mrs. June Newcomb, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

154 X

Immediate cause (a) ~~Carcinoma~~ Starvation — 18 mos

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Carcinoma — 18 mos

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 19 52, to ....., 19....., that I last saw the deceased alive on Aug 7, 19 52, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James A. Thompson MD Cambridge, Md Aug 7 52

23. BURIAL, CREMATION REMOVAL, (Specify): burial — DATE THEREOF: 8/8/52 — NAME OF CEMETERY OR CREMATORY: Christ Church — LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG. August 12, 1952 — REGISTRAR'S SIGNATURE: John Mace, Jr. C.D.

24. FUNERAL DIRECTOR ADDRESS: Le Compte Funeral Service Cambridge, Md.

VS. A15 8-51

RECEIVED
AUG 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Hon
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)

4. DATE OF DE August 25 1952 (Year)

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH Mar. 28-1886
9. AGE 66 yrs. Months | 1 year Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY THROMBOSIS	30 MIN.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIO SCLEROSIS.	5 YEARS
	(c) HYPERTENSION	5 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. TUBERCULOSIS - DIABETES

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1947, to 25 Aug, 1952 that I last saw the deceased alive on 25 Aug, 1952, and that death occurred at 1001 m., from the causes and on the date stated above.

SIGNATURE Walter C. Gunby Jr. (Degree or title) MD ADDRESS Cambridge Md DATE SIGNED 28 Aug

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 7-28-52
REGISTRAR'S SIGNATURE Elizabeth C. Smith
24. FUNERAL DIRECTOR
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
SEP 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market
STREET ADDRESS (If rural, give location) P. O.

3. NAME OF DECEASED (Type or Print): (First) LULA (Middle) MEARS (Last) HENRY

4. DATE OF DEATH: (Month) AUGUST (Day) 17, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-2-1868

9. AGE last birthday: 93 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Derrick

14. MOTHER'S MAIDEN NAME: Louise LeCompte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Frank Marshall, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastic Carcinoma	6 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of breast	3 Yrs
	(c)	

903.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Neck of Femur — 3 Mos

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN) (COUNTY) (STATE): Cambridge Dor. Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 4 12 52 10 A.M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Slipped and fell on floor

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Pace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 8-21-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-19-52 — NAME OF CEMETERY OR CREMATORY: East New Market Cemetery — LOCATION (City, town, or county) (State): East New Market, Md.

DATE REC'D BY LOCAL REG.: August 21, 1952 — REGISTRAR'S SIGNATURE: John Pace, Jr., M.D. — 24. FUNERAL DIRECTOR ADDRESS: LeCompte Funeral Service, Cambridge, Maryland

RECEIVED
AUG
BUREAU V. S.

171

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Robbins (rural)
LENGTH OF STAY (In this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Robbins (rural)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Robbins (rural)
STREET ADDRESS (If rural, give location) Robbins (rural)

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) J. (Last) Hurley
4. DATE OF DEATH (Month) 8 - (Day) 24 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3-19-1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (retired)
10b. KIND OF BUSINESS OR INDUSTRY Saw Mill
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Not known
14. MOTHER'S MAIDEN NAME Not known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. unknown
17. INFORMANT AND ADDRESS Mrs. Harry Slacum, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	5 mins.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic cardio vascular renal disease	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Eldridge D. Vollmer Deputy Medical Examiner Cambridge Md. 8-25-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-26-52
NAME OF CEMETERY OR CREMATORY Family Burial Lot
LOCATION (City, town, or county) (State) Robbins, Maryland
DATE REC'D BY LOCAL REG. August 27 19
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16A

AUG 28 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Appleby Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) Appleby

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 1952

5. SEX: 1
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: [illegible] 6-19-1[illegible]
9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Lu[illegible] Company
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Riley Jones
14. MOTHER'S MAIDEN NAME: Maryl Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-17-7263
17. INFORMANT & ADDRESS: Mr. [illegible] Jones: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CARCINOMA OF STOMACH — INTERVAL BETWEEN ONSET AND DEATH: 4 MON. APPROX.

151X

Antecedent cause(s) DUE TO —

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO —

(c) —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 JUNE, 1952, to 31 AUG, 1952, that I last saw the deceased alive on 30 AUG, 1952, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE Walter E. Gunby Jr. (DEGREE OR TITLE) M.D. ADDRESS Cambridge Md. DATE SIGNED 2 Sept 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 9-3-1952 NAME OF CEMETERY OR CREMATORY Old Trinity Cemetery LOCATION (City, town, or county) Cambridge, Maryland (State)

DATE REC'D BY LOCAL REG. 9/3/1952 REGISTRAR'S SIGNATURE John Mace. Jr. M.D.
24. FUNERAL DIRECTOR [illegible] ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information [illegible]efully. The correct age is especially important. Physicia[illegible]s: please write the c[illegible]ues o[illegible] de[illegible]th clearly [illegible]nd le[illegible]ibly.

VS. A15 8-51

SEP 4 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linwood — LENGTH OF STAY (in this place) None	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accomac
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 50	STREET ADDRESS (If rural, give location) (none)

3. NAME OF DECEASED (Type or Print)	(First) ELIC	(Middle) JAMES	(Last) KELLEY	4. DATE OF DEATH	(Month) AUGUST	(Day) 12	(Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-[illegible]-1904	9. AGE last birthday 48 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Truck Farm	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Alexander Kelley	14. MOTHER'S MAIDEN NAME Edna Parks						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY No. not known	17. INFORMANT AND ADDRESS Mrs. A.J. Fox: Accomac, Virginia					

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
810.4 Immediate cause	(a) Laceration of Brain	1 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Massive Fracture of Skull	min.
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture both lower legs	min.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Public Road #50 Md.	(CITY OR TOWN) Linkwood (COUNTY) Dorchester (STATE) Md
TIME OF INJURY (Month) Aug (Day) 12th (Year) 1952 (Hour) 2:00 a.m.	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR? Truck ran into standing freight train

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide , homicide , undetermined*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	Assistant Dep. Medical Examiner	[illegible]	[illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8-13-1952	NAME OF CEMETERY OR CREMATORY [illegible] Cemetery	LOCATION (City, town, or county) Accomac, Virginia (State)
DATE REC'D BY LOCAL REG. August 12, 1952	REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	24. FUNERAL DIRECTOR Lavonte Funeral Service, [illegible]	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 13 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maternity Hosp.	STREET ADDRESS (If rural, give location) 215 Appleby Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Infant Lilliendahl

4. DATE OF DEATH: (Month) (Day) (Year) August 16 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-15-1952

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 5, Min. 47

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Radnor Lilliendahl

14. MOTHER'S MAIDEN NAME: Wilma A. Waller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Radnor Lilliendahl: Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (8 wks).

DUE TO

776X

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Polyhydramnios (mother).

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/16, 1952, to 8/16, 1952, that I last saw the deceased alive on 8/16, 1952, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[signature] M.D. Cambridge Md 8/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 8-16-1952 — NAME OF CEMETERY OR CREMATORY Cambridge Cemetery — LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REC. August 21, 1952 — REGISTRAR'S SIGNATURE John Mace, Jr., M.D. — 24. FUNERAL DIRECTOR LeCompte Funeral Service ADDRESS Cambridge, Maryland

2082355341

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
AUG 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

MARGIN RESERVED FOR FINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge RFD # 3

LENGTH OF STAY (in this place): life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge RFD # 3

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE [illegible] COUNTY [illegible]

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge RFD # 3

STREET ADDRESS (If rural, give location): Cambridge RFD # 3

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) W (Last) Linthicum

4. DATE OF DEATH: (Month) C (Day) C (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: 10-31-1873

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible] farmer

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Jeremiah Linthicum

14. MOTHER'S MAIDEN NAME: Sarah Woolford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT & ADDRESS: Mrs. Ethel Linthicum, [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0 Immediate cause (a) MYOCARDIAL FAILURE — Interval between onset and death: 3 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c) GENERALIZED ARTERIOSCLEROSIS — ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. OSTEOARTHRITIS — 30 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/50, 19[illegible], to 8/9, 19[illegible], that I last saw the deceased alive on 8/9, 1952, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (DEGREE OR TITLE) MD ADDRESS Cambridge Md DATE SIGNED 8/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible]

DATE THEREOF 8-11-52

NAME OF CEMETERY OR CREMATORY [illegible]

LOCATION (City, town, or county) (State) Church [illegible]

DATE REC'D BY LOCAL REG. Aug. 13, 1952

REGISTRAR'S SIGNATURE John Mace Jr., M.D.

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] bridge, Md.

RECEIVED
AUG 14 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 116

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cambridge
LENGTH OF STAY (in this place) 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 West End Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 200 West End Avenue

3. NAME OF DECEASED: (First) Sarah (Middle) Ella (Last) Lord
4. DATE OF DEATH: (Month) 8/6 (Day) /1952 (Year) 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	wid	8/12/1865	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Glouster, N. J.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John L. Laxwell	Martha E. Steward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. Melissa L. Sue, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Acute dilation & heart, recurrent	1 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic CVD	?
	DUE TO (c) Arteriosclerosis generalized	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 19 52, to Aug 6 19 52, that I last saw the deceased alive on Aug 5, 19 52, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
James A. Thawley M.D Cambridge, Md Aug 7, 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	8/6/52	Dorchester Mem. Park	Cambridge, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 12, 1952	Julian Mace, Jr. M.D.	Le Compte Funeral Service	Cambridge, Md.

VS. A15 8-51

RECEIVED
AUG 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(08480)

Reg. Dist. No. 11-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY: Dorchester — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Cambridge

LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 318 Locust Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Dorchester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge

STREET ADDRESS (If rural, give location): 318 Locust Street

3. NAME OF DECEASED: (Type or Print) (First) VIVIAN (Middle) EDMONDSON (Last) [illegible]

4. DATE OF DEATH: (Month) AUG. ST (Day) 12 (Year) 1952

5. SEX: emale

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 11 - 1890

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesclerk

10b. KIND OF BUSINESS OR INDUSTRY: Clothing Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John [illegible] Londson

14. MOTHER'S MAIDEN NAME: Anna G. Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lee Brown Jr. : Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause — (a) DUE TO: Coronary Heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO: Hypertensive Cardio Vascular desease

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15-, 1952, to 8-12, 1952, that I last saw the deceased alive on 8-12-, 1952, and that death occurred at 12:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Albert L Taylor M.D. Cambridge - Maryland 8-13-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8-15-1952

NAME OF CEMETERY OR CREMATORY: Cambridge Cemetery

LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: Aug. 14, 1952

REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS: [illegible] Funeral Service, Cambridge, Maryland

RECEIVED
AUG 15 1972
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 147 Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 147 Washington St.

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Wm. (Last) Meekins
4. DATE OF DEATH (Month) Aug. (Day) 1, (Year) 1952
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1/15/1896
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Steel Company
11. BIRTHPLACE (State or foreign country) Golden Hill, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Meekins
14. MOTHER'S MAIDEN NAME Emma Chester
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. 213-09-0271
17. INFORMANT AND ADDRESS Mrs. Rhoda Meekins - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Hemorrhage - Massive	5 weeks
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertensive Cardio-Vascular Heart Dis.	6 Months
	(c)	---	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ---

19a. DATE OF OPERATION ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- (CITY OR TOWN) --- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 3/25, 1952, to 8/1, 1952, that I last saw the deceased alive on 8/1, 1952, and that death occurred at 1:05 a. m., from the causes and on the date stated above.

SIGNATURE Harold M. Wilson (Degree or title) ADDRESS DATE SIGNED
Harold M. Wilson, M.D. 224 Pine St., Cambridge, Md. 8/1/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 4, 1952
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland
DATE REC'D BY LOCAL REG. Aug. 5, 1952
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR ADDRESS Herbert M. St. Clair, Jr., Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]82

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

COUNTY Dorchester MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge

LENGTH OF STAY (in this place) 2 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenbourne Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Dorchester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge

STREET ADDRESS (If rural, give location) 2[illegible] Glenbourne Avenue

3. NAME OF DECEASED: (Type or Print) (First) STELL (Middle) M. (Last) MOORE

4. DATE OF DEATH: (Month) (Day) (Year) AUGUST 16 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-17-1865

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Furniture Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Moore

14. MOTHER'S MAIDEN NAME: Dorthy [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Miss. Hazel Moore: Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestion heart failure	4 days
332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hemiplegia rt. sec. to cerob. Thrombosis	3 cols
	DUE TO (c) Arteriosclerosis gen.	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 0, 1952, to Aug 16, 1952, that I last saw the deceased alive on Aug 16, 1952, and that death occurred at 11 p.m., from the causes and on the date stated above.

SIGNATURE James W. Thompson (DEGREE OR TITLE) M.D. ADDRESS Cambridge, Md. DATE SIGNED Aug 20, '52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 8-16-1952 NAME OF CEMETERY OR CREMATORY Cambridge Cemetery LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. Aug. 23, 1952 REGISTRAR'S SIGNATURE John Mace, Jr., M.D.

24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

AUG 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cambridge
LENGTH OF STAY (in this place) 46 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Camb. Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 303 Willis St.

3. NAME OF DECEASED: (Type or Print) (First) Malissa (Middle) Jane (Last) Murphy
4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Apr. 14, 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dorchester Co.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James E. Todd
14. MOTHER'S MAIDEN NAME: Sarah C. Powley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Crosby Murphy, High St., Cambridge, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension

DUE TO

(c)

Interval Between Onset And Death 3 DAYS

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV., 1948, to 22 AUG 1952 that I last saw the deceased alive on 21 AUG, 1952, and that death occurred at 9:00 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter E. Gunby Jr MD
ADDRESS Cambridge Md.
DATE SIGNED 23 AUG 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 24, 1952
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 27, 1952
REGISTRAR'S SIGNATURE John Mace Jr. M.D.
24. FUNERAL DIRECTOR Kenneth R. Thomas
ADDRESS Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 112

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
HOSPITAL OR INSTITUTION OR STREET ADDRESS none	STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print) (First) J. (Middle) Millard (Last) Reid			4. DATE OF DEATH (Month) 8 (Day) 4 (Year) 1952		
5. SEX m	6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) m	8. DATE OF BIRTH 7/13/1875	9. AGE last birthday 77 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (State or foreign country) [illegible], Md.		12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME Benjamin H. Reid			14. MOTHER'S MAIDEN NAME Levisa Bramble		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)		16. SOCIAL SECURITY No. 1[illegible] 1958	17. INFORMANT AND ADDRESS [illegible], Md.		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion	10 min
4 [illegible] Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John Moore Jr. M.D.		Cambridge Md.	8/6/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE THEREOF 8/6/52	NAME OF CEMETERY OR CREMATORY Dorchester Burial	LOCATION (City, town, or county) [illegible] (State)
DATE REC'D BY LOCAL REG. August 7, 1952	REGISTRAR'S SIGNATURE ~~[illegible]~~ Elizabeth Craft	24. FUNERAL DIRECTOR [illegible]	ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 11 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY: Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Cambridge — LENGTH OF STAY (in this place): since 4/28/42	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL Clara
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital	STREET ADDRESS: R.F.D. (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Ruth	(Middle)	(Last) Robertson	4. DATE OF DEATH	(Month) August	(Day) 4	(Year) 1952
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: May 12, 1901	9. AGE last birthday: 51 yrs.	If under 1 year: Months 2	Days 23	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: Edward Willing	14. MOTHER'S MAIDEN NAME: Ida Horner						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown): No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT: State Hospital Records				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
490X Immediate cause	(a) Lobar Pneumonia	4 days
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Psychotic Exhaustion	14 days
	(c) Schizophrenia, catatonic type	12 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1951, to 8/4, 1952, that I last saw the deceased alive on 8/4, 1952, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert H. Reddick	M.D.	State Hospital, Cambridge, Maryland.	8/4/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/7/52	Wicomico Memorial Park	Salisbury, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 8, 1952	John Mace, Jr., M.D.	C. G. Messick, Bivalve, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
AUG 11 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Cambridge
LENGTH OF STAY (in this place) 6 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glen Burn Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cordova
STREET ADDRESS (If rural give location) Cordova - Matthewstin RD

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Kilby (Last) Sharp

4. DATE OF DEATH: (Month) August (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Nov. 3 1876

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months 9 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tenant Farmer (Ret.)

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Talbot Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Sharp

14. MOTHER'S MAIDEN NAME: Emma Tarman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: W. Marion Sharp, Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 1952, to 8 Aug, 1952, that I last saw the deceased alive on 8 AUG, 1952, and that death occurred at 3:10 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter E. Hunty M.D. ADDRESS Cambridge Md DATE SIGNED 9 Aug 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 11 1952 NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery LOCATION (City, town, or county) Easton (State) Maryland

DATE REC'D BY LOCAL REGISTRAR August 11, 1952 REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR W. Hampton Caudle ADDRESS Easton, Md.

VS. A15

AUG 12 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~(Rural)~~ Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Cambridge
STREET ADDRESS (If rural, give location) R. F. D #2

3. NAME OF DECEASED (Type or Print) (First) LINDA (Middle) LEE (Last) SHARPS
4. DATE OF DEATH (Month) Aug. (Day) 13, (Year) 1952
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan. 5, 1952
9. AGE last birthday yrs. If under 1 year Months 7 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Cambridge, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Leroy Sharps
14. MOTHER'S MAIDEN NAME Esther Mae Sampson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Esther M. Sampson, R.F.D #2, Camb., Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute gastro enteritis — 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition — 7 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11-, 1952, to 8-13-, 1952, that I last saw the deceased alive on 8-13-, 1952, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 9 Lace St, Cambridge Maryland DATE SIGNED 8-15-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 15, 1952
NAME OF CEMETERY OR CREMATORY East New Market
LOCATION (City, town, or county) (State) East New Market, Md.

DATE REC'D BY LOCAL REG. Aug. 18, 1952
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR ADDRESS Herbert M. St. Clair, Jr., Cambridge, Md.

VS. A16

RECEIVED
AUG
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
MARYLAND
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) 416 Race Street

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) A. (Last) Simmons

4. DATE OF DEATH: (Month) Aug. (Day) 26, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write) Married

8. DATE OF BIRTH: June 27, 1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Night Watchman in Can Mfg. Plant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Golden Hill, Dor. Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Simmons

14. MOTHER'S MAIDEN NAME: Melvina Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: 416 Race St., Mrs. Geo. A. Simmons Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 24, 1952, to Aug 26, 1952, that I last saw the deceased alive on Aug 26, 1952, and that death occurred at 8:15 A.M. from the causes and on the date stated above.

SIGNATURE Robert R. Maryanow (Degree or title) M.D ADDRESS 136 Race St, Cambridge DATE SIGNED 8/27/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 28, 1952 NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery LOCATION (City, town, or county) Cambridge, Md. (State)

DATE REC'D BY LOCAL REGISTRAR August 28, 1952 REGISTRAR'S SIGNATURE John L. Mace, Jr., M.D.

24. FUNERAL DIRECTOR Kenneth R. Thomas, Cambridge, Md. ADDRESS

RECEIVED
AUG 29 1952
BUREAU K. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 11[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY [illegible]chester — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Cambridge
LENGTH OF STAY (in this place): 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 101 Locust Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md/ COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taylors Island
STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) CATOR (Last) SPILLMAN

4. DATE OF DEATH: (Month) A[illegible] (Day) [illegible] (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: 5-11-1861

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Cator

14. MOTHER'S MAIDEN NAME: Mary Cator

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): [illegible]

16. SOCIAL SECURITY No.: n n

17. INFORMANT & ADDRESS: Mrs. Henry Lloyd, 101 Locust St., Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332x Immediate cause (a) Cerebral Thrombosis Rt — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last: (b) Cerebral Arteriosclerosis — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/[illegible]/52, to 8/28/52, that I last saw the deceased alive on 8/28/52, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE: [illegible] (DEGREE OR TITLE) ADDRESS: Cambridge Md DATE SIGNED: 9/4/52

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] DATE THEREOF: 3-30-1952 NAME OF CEMETERY OR CREMATORY: Grace Churchyard LOCATION (City, town, or county) (State): Taylors Island [illegible]

DATE REC'D BY LOCAL REG.: September 4, 1952 REGISTRAR'S SIGNATURE: John Mace Jr.

24. FUNERAL DIRECTOR ADDRESS: [illegible] Funeral Service, [illegible], Maryland

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SEP 5 19
BUREAU V. S.

Items 8,9 FilmG146 9/15/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurlock | LENGTH OF STAY (in this place): 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Florida — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Orlando
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie	Moss	Walker	Aug.	12	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	Negro	Married	Sept. 15, 1889	62 yrs.		27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm labor	Georgia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Moss	Elizabeth (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	264-24-4988	Ruth M. Jones, New York City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Instant

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Moss (Degree or title) M.D. ADDRESS Cambridge, Maryland. DATE SIGNED 8/12/52
Medical Examiner Dorchester county.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 18, 1952	Washington Park Cemetery	Orlando, Florida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 18-1952	Chas W Hastings	J.J.Frampton and Son,	Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08491

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (In this place): 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 15 Muir Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 15 Muir Street

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Randolph (Last) Waller

4. DATE OF DEATH: (Month) August (Day) 31 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 8-27-05

9. AGE last birthday: 47 yrs.
If under 1 year: Months — Days —
If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesclerk

10b. KIND OF BUSINESS OR INDUSTRY: clothing store

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Valient Waller

14. MOTHER'S MAIDEN NAME: May Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-07-7110

17. INFORMANT AND ADDRESS: Mrs. Randolph Waller, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 1 hour

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: Eldridge Herbert Kirk — (Degree or title): Assistant Deputy Medical Examiner — ADDRESS: Cambridge Md. — DATE SIGNED: 9-1-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-2-52 — NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: September 5, 1952 — REGISTRAR'S SIGNATURE: John Mace, R. S. R.

24. FUNERAL DIRECTOR — ADDRESS: LeCompte Funeral Service, Cambridge, Maryland

RECEIVED
SEP 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08492

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) MARYLAND 38 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 328 Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 328 Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Roxie (Middle) A. (Last) Windsor

4. DATE OF DEATH: (Month) Aug. (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 28, 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Robbins Dor,Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Planner P.Robbins

14. MOTHER'S MAIDEN NAME: Anna Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: 328 Washington St., Mrs.Herman H.Todd,Cambridge,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 7-10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular renal disease. — 3 yrs. +
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-8, 1952, to 8-25, 1952, that I last saw the deceased alive on 8-25, 1952, and that death occurred at 7.20 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Eldridge H. Wolf M.D. ADDRESS Cambridge Md. DATE SIGNED 8-26-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 28, 1952 — NAME OF CEMETERY East New Market — LOCATION (City, town, or county) (State) East New Market, Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 30, 1952 — REGISTRAR'S SIGNATURE John Mace, Jr., M.D. — 24. FUNERAL DIRECTOR ADDRESS Kenneth R.Thomas,Cambridge,Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 22 19
BUREAU V. S.